

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT

NAME: _____
Last First M.I. Maiden

(Other names previously known by should be listed here): _____

CURRENT ADDRESS: _____
(Street Address or P.O. Box)

(City) (State) (Zip)

DATE OF BIRTH: _____
(mm/date/year)

SEX: _____ Male _____ Female

RACE: _____ White _____ Black _____ Hispanic _____ Asian Other _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ STATE: _____

SPOUSE'S NAME: _____

EMERGENCY CONTACT PERSON: _____ PHONE NUMBER: _____

TO WHOM IT MAY CONCERN:

I, the undersigned, hereby authorize the Office of the Clerk of the United States District Court for the Northern District of Illinois or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my employment, education records (including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records), financial records and criminal records (including history of vehicle violations).

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States District Court Clerk's Office official use.

I hereby release you, as custodian of such records, and school, college, or university, or other educational institution; hospital or other repository records; social service agency; any employer, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from and all liability for damages of whatever kind which may at any time result to me, my heirs, family, because of compliance with this authorization and request for information or any other attempt to comply with it.

I hereby waive my rights under the Privacy Act, 5 U.S.C. 552a (Supp. IV, 1974), and authorize the disclosure to the Clerk's Office, United States District Court for the Northern District of Illinois, or its authorized representative(s) or employee(s), and all information pertaining to me, contained in the files or systems of records maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing, to the aforementioned Clerk's Office.

I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure or any rights I may have to an accounting of such disclosure to the aforementioned Clerk's Office.

SIGNATURE FOR AUTHORIZATION

Authorizing Signature - Full Name

Date

Witness

Date